

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580 179

FILING DATE

5.19.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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21		2				
22		2				
23		2				
24	1					
25		1				
26		1				
27		1				
28		1				
29		5				
30		5				
31		5				
32	1					
33	1					
34		1				
35		1				
36		1				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

CBW